

Project Hanford Management Contractors	DIRECT DEPOSIT AUTHORIZATION PENSION PLANS	
Payroll No.	Name (Last, First, MI)	SSN
<p>This form should be used to notify Fluor Hanford that all future retirement benefit payments should be deposited directly in a financial institution. Your request will be processed under established Company procedures. The Company assumes no responsibility for delay in depositing.</p>		
<p>INSTRUCTIONS Please deposit all pension benefits payable to me to the account specified below:</p> <p>Check one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Account Number _____</p> <p>Transit Routing Number _____</p> <p>Institution Name _____ (at which the above account has been established)</p> <p><u>YOU MUST ATTACH A VOIDED CHECK TO THIS FORM.</u></p> <p>Institution Address:</p> <p>Street _____</p> <p>City, State, Zip _____</p> <p>Telephone Number _____</p>		
<p>Retiree Signature _____ Date _____</p> <p>Street Address _____ Home Phone _____</p> <p>City, State, Zip _____</p> <p>This direct deposit instruction shall remain in effect until canceled in writing.</p>		

**Return form to: Pensions, H3-08, Fluor Hanford,
P.O. Box 1000, Richland, WA 99352, after making a copy for your records.**